

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564562

FILING DATE

1-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				1		
4				1		
5				1		
6				1		
7				1		
8			e			
9				1		
10				1		
11				1		
12				1		
13			e			
14						
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21						
22						
23						
24			e			
25			1			
26				1		
27				1		
28			e			
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37			e			
38				1		
39						
40						
41						
42			e			
43				1		
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						